

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. **10656617**

FILING DATE **09-05-03**

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	1		1				51								
2		1	1				52								
3		2		2			53								
4		1		2			54								
5		1		2			55								
6		1		2			56								
7		1		2			57								
8							58								
9							59								
10							60								
11							61								
12							62								
13							63								
14							64								
15							65								
16							66								
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18							68								
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22							72								
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27							77								
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37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1		2				TOTAL IND.								
TOTAL DEP.	7		10				TOTAL DEP.								
TOTAL CLAIMS	8		12				TOTAL CLAIMS								